

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM (Type or Bert Charle)

PARTI LOBBYIST	(Type or Pr	int Clearly)	
NAME(Last)	(First)	(Middle)	TELEPHONE
Cano	Terry	W.	949-1566
MAILING ADDRESS (Street)			FAX
2305 S. Beretania	Street, #202		952–6003
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	9(5826
EMPLOYING ORGANIZATION	TELEPHONE		
Hawaii Fire Fighter	949–1566		
MAILING ADDRESS (Street)			FAX
2305 S. Beretania S	Street, #202		952–6003
(City)	(State)	(Zip (Code)
Honolulu	Hawaii		826

PART II ORGANIZAT		
NAME OF ORGANIZATION Y	TELEPHONE	
Hawaii Fire Fighter	949–1566	
MAILING ADDRESS (Street)	FAX	
2305 S. Beretania S	952–6003	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826
NAME OF PERSON RESPONSIBI	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Celeste Y.K. Nip		949–1566
MAILING ADDRESS (Street)		FAX
2305 S. Beretania S	952–6003	
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96826

PART	III DESCRIPTION OF	SUE	JECTS UPON WHICH	YOU	EXPECT TO LOBBY	
	Agriculture		Education		Human Services	Science, Technology & Economic Development
	Communications & Public Utilities	X	Government Operations & Finance	X	Intergovernmental Relations, International Affairs	Tourism & Recreation
	Consumer Protection & Commerce		Hawaiian Affairs	X	Labor & Employment	Transportation
	Culture, Arts, Historic Preservation	X	Health		Planning, Land & Water Use Management	Other: (indicate below)
	Ecology, Energy Environmental Protection		Housing	X	Public Safety & Corrections	

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete the complete that the information furnished above is, to the best of my knowledge, correct and complete the complete that the information furnished above is, to the best of my knowledge, correct and complete the complete that the information furnished above is, to the best of my knowledge, correct and complete the complete that the information furnished above is, to the best of my knowledge, correct and complete the complete that the information furnished above is a complete that the information furnished above is a complete that the complete tha	te.			
Jan 11. 2007				
VCAA. 111				
(Signature of Lobbyist) (Date)				
PART V AUTHORIZATION TO LOBBY				
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRE	SENTED			
Robert H. Lee President				
NAME OF ORGANIZATION (if applicable) TELEPHONE				
Hawaii Fire Fighters Association - Political Action Committee 949-1566				
MAILING ADDRESS (Street) FAX				
2305 S. Beretania Street, #202 952-6003	952–6003			
(City) (State) (Zip Code)				
Honolulu 96826	96826			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
201 Non 111.07				
(Signature of Authorizing Officer or Person Represented) (Date)				